

Application Data Sheet

Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested Group Art Unit::	N/A
CD-ROM or CD-R?::	None
Sequence submission?::	None
Computer Readable Form (CRF)?::	No
Title::	SERUM ALBUMIN CONJUGATED TO FLUORESCENT SUBSTANCES FOR IMAGING
Attorney Docket Number::	BIDM-P01-015
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	1
Total Drawing Sheets::	9
Small Entity?::	Yes
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	John
Middle Name::	V.
Family Name::	Frangioni
City of Residence::	Wayland
State or Province of Residence::	MA
Country of Residence::	US
Street of mailing address::	34 Wayland Hills Road

City of mailing address:: Wayland

State or Province of mailing address:: MA

Postal or Zip Code of mailing address:: 01778

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Shunsuke

Family Name:: Onishi

City of Residence:: Brookline

State or Province of Residence:: MA

Country of Residence:: US

Street of mailing address:: 1731 Beacon Street
#1413

City of mailing address:: Brookline

State or Province of mailing address:: MA

Postal or Zip Code of mailing address:: 02445

Correspondence Information

Correspondence Customer Number:: 28120

Representative Information

Representative Customer Number:: 28120

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National Stage of	US04/038682	11/17/04
US04/038682	An application claiming the benefit under 35 USC 119(e)	60/523059	11/18/03
US04/038682	An application claiming the benefit under 35 USC 119(e)	60/608267	09/09/04

Foreign Priority Information**Assignee Information**

Assignee name:: Beth Israel Deaconess Medical Center
Street of mailing address:: 330 Brookline Avenue
City of mailing address:: Boston
State or Province of mailing address:: MA
Postal or Zip Code of mailing address:: 02215